

--22. (new) The system of claim 21, wherein said data bank is further arranged and adapted to monitor receipt of the patient data at said data bank and to send a signal to at least one of the patient and a caregiver when the patient data are not received.--

Please charge the fee of \$84 for the one extra independent claim added herewith to Deposit Account No. 25-0120.

REMARKS

The specification has been amended to make editorial changes therein, bearing in mind the criticisms in the Official Action, to place the application in condition for allowance at the time of the next Official Action.

Claims 1-12 were pending and have been replaced with new claims 13-22.

Claims 1-10 were rejected under §112, second paragraph. Claims 13-22 are believed to be proper as to form and reconsideration and withdrawal of the rejection are respectfully requested.

Claims 1-3 and 5-12 were rejected as anticipated by RIDGEWAY 5,967,975 and claims 1 and 4 were rejected as anticipated by COSENTINO et al. 6,454,705. The new claims avoid these rejections and reconsideration and withdrawal of the rejections are respectfully requested.

Claims 13-15 and 19-20 are directed to a method and system in which, at a location of the patient during the

monitoring after the patient has been discharged from the medical facility, the patient is provided with a written questionnaire that gathers from the patient data suitable for detecting in the patient at least one of pneumonia, secondary bleeding, a wound healing problem, a pulmonary complication, a urinary tract infection, and a thrombosis, and in which the patient data in the written questionnaire are conveyed to a data bank over a telephone connection using one of a voice transmission and a facsimile transmission. The references do not disclose such a method or system.

Claims 16-18 and 21-22 are directed to a method and system in which a world wide web site is provided with a questionnaire that is accessible with a computer at a location of the patient during the monitoring after the patient has been discharged from the medical facility and that is connected to a communication network, in which patient data are entered in the questionnaire with the computer, the patient data being suitable for detecting in the patient at least one of pneumonia, secondary bleeding, a wound healing problem, a pulmonary complication, a urinary tract infection, and a thrombosis, and in which the patient data in the questionnaire are conveyed to a data bank over the communication network. The references do not disclose such a method or system.

In view of the present amendment and the foregoing remarks, it is believed that the present application has been

CHRIST et al. S.N. 10/053,713

placed in condition for allowance. Reconsideration and allowance are respectfully requested.

Attached hereto is a marked-up version showing the changes made to the specification. The attached page is captioned "VERSION WITH MARKINGS TO SHOW CHANGES MADE."

Respectfully submitted,

YOUNG & THOMPSON

By 

Thomas W. Perkins
Attorney for Applicants
Registration No. 33,027
745 South 23rd Street
Arlington, VA 22202
Telephone: 703/521-2297

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"VERSION WITH MARKINGS TO SHOW CHANGES MADE"

IN THE SPECIFICATION:

Page 3, the paragraph, beginning on line 19, has been amended as follows:

--In the case of a further advantageous embodiment of the invention, the relevant data are recorded by means of a questionnaire. This questionnaire may, for example, be in paper form and among the items given to the patient upon discharge from the hospital, or can be called up on a world wide web (WWW) home page assigned to the patient and maintained, for example, by the service provider. The questionnaire may also serve as a checklist, in order that the patient or other person ascertains all the relevant data.--.

Page 5, the paragraph, beginning on line 32, bridging pages 5 and 6, has been amended as follows:

--The object is also achieved by a medical system for the postdischarge surveillance of a patient for detecting a case of pneumonia, secondary bleeding, a wound healing problem, a pulmonary complication, a urinary tract infection or a thrombosis of the patient, having a data bank which is arranged at a location other than the location at which the patient is based during the surveillance and stores data relevant for the postdischarge surveillance of the patient recorded during the postdischarge surveillance, an evaluation device assigned to the data bank for the evaluation of the relevant data and an alarm

device for generating an alarm signal if the evaluated relevant data are critical. The medical system is consequently characterized in that, in particular, typical postoperative complications of a patient can be detected at an early stage, although the patient was, in particular, discharged at an early stage from the hospital. During the postdischarge surveillance, the patient or another person, such as for example a relative or a [carer] caregiver, records data relevant for the detection of complications and transmits them to a central data bank. The data bank may, for example, be arranged at the hospital in which the patient was treated. Consequently, on the one hand the patient does not have to be treated as an inpatient, thereby saving costs, and on the other hand the doctor treating the patient has the possibility at any time of viewing the relevant data and accordingly detecting complications at an early stage and, if necessary, initiating remedial measures for the patient.-

Page 6, the paragraph, beginning on line 36, bridging pages 6 and 7, has been amended as follows:

--Shown schematically in figure 1 is a patient 1 at his home 2, the patient having undergone an operation in a hospital 3 and been discharged to go home by his doctor 4 after the operation. During the operation, in the case of the present exemplary embodiment, a general anesthesia with intubation was carried out on the patient 1, exposing the patient 1 to an increased risk of developing an inflammation of the lungs as a

typical postoperative complication. Therefore, in the case of the present exemplary embodiment, the patient 1 is visited once every day by a [carer] caregiver 5, who ascertains data on the patient 1 relevant for detecting pulmonary complications, such as for example an inflammation of the lungs as a typical postoperative complication.--.

Page 7, the paragraph, beginning on line 13, has been amended as follows:

--In order that some of the relevant data are not inadvertently forgotten during the ascertainment of the relevant data, the [carer] caregiver 5 has a questionnaire 6, which is assigned to the patient 1, is shown by way of example in figure 2 and serves at the same time as a checklist for ascertaining the relevant data.--;

the paragraph, beginning on line 20, has been amended as follows:

--As shown in figure 2, the relevant data in the case of the present exemplary embodiment comprise information on the general condition of the patient 1 and information specifically suitable for detecting a pulmonary complication. In order to obtain the relevant data, the [carer] caregiver 5 asks the patient 1 about his physical capabilities, his bowel movement and his appetite or ascertains the occurrence of coughing or expectoration and notes the corresponding answers on the questionnaire 6. Subsequently, the [carer] caregiver 5

ascertains the temperature, the pulse, the blood pressure, the blood sugar level and the respiration rate of the patient 1 with measuring instruments which are generally known and not shown in figure 1, such as for example a fever thermometer, a blood-pressure measuring instrument, urine sticks, etc., and notes the corresponding values on the questionnaire 6.--;

the paragraph, beginning on line 36, bridging pages 7 and 8, has been amended as follows:

--Subsequently, the [carer] caregiver 5 faxes the questionnaire 6 by a fax machine 7 arranged at the home 2 of the patient 1 to a fax machine 8 which is arranged at a call center 9 of a service provider 10. One of the persons 11 working at the call center 9 enters the relevant data, transmitted by means of the faxed questionnaire, in a computer 12 which is arranged at the call center 9 and is connected to a data bank 13 in a way not represented in figure 1. The relevant data are stored in the data bank 13 with the identity of the patient 1 and the date on which the relevant data were ascertained.--.

Page 9, the paragraph, beginning on line 24, has been amended as follows:

--Another possibility for transmitting the relevant data on the patient 1 to the data bank 13 is the use of the computer 19 connected to the Internet. In the case of the present exemplary embodiment, the patient 1 or the [carer] caregiver 5 uses the computer 19 to contact a WWW home page

assigned to the patient 1 and maintained by the service provider 10. The WWW home page comprises the questionnaire 6 shown in figure 2. The patient 1 or the [carer] caregiver 5 subsequently ascertains the relevant data, specified on the questionnaire 6 and already described above, and enters them in the questionnaire 6 of the WWW home page. Once the relevant data have been entered in the questionnaire 6, they are transmitted to the data bank 13 and evaluated by the evaluation device 14.--.

Page 10, the paragraph, beginning on line 1, has been amended as follows:

--A further possibility for transmitting the relevant data is that the patient 1 or the [carer] caregiver 5 transmits the relevant data by telephone to one of the persons 11 of the call center 9.--;

the paragraph, beginning on line 15, has been amended as follows:

--The patient 1 does not necessarily have to be kept under surveillance by a [carer] caregiver 5. He may also be kept under surveillance by a relative or can ascertain the relevant data himself and transmit them at least indirectly to the data bank 13.--;

the paragraph, beginning on line 33, bridging pages 10 and 11, has been amended as follows:

--The data bank 13 may also be provided with means suitable for voice input and voice reproduction. Then the

patient 1 or the [carer] caregiver 5 can contact the data bank 13 directly by telephone and transmit the relevant data by telephone to the data bank 13 on the basis of an interactive program procedure stored on the data bank 13.--.